2017
Caring for the Human Spirit® Conference
Integrating Spiritual Care in Health Care

March 13-15, 2017
Sheraton Grand Chicago • Chicago, Illinois

This conference is designed for physicians, nurses, chaplains, social workers and other professionals interested in the integration of spiritual care in healthcare.
Dear Friends,

Attendees of the annual Caring for the Human Spirit® Conference say it is the “go-to” professional education and networking conference for spiritual care providers — chaplains, social workers, nurses, doctors, educators, and more.

One 2016 Conference participant said, “I found the sessions interesting, provocative, educational, and engaging — the thoughtful Q&A enhanced some fine presentations. I loved the conference’s multidisciplinary and international nature. I left with my head spinning, still engaging with the content several days later and already reading, researching, and sharing with folks back home.”

The agenda for the fourth annual Conference in March 13-15, 2017 in Chicago promises to be as exciting! For a start:

The Keynote speaker is Roshi Joan Jiko Halifax, Ph.D. Founder Upaya Zen Center and Institute, presenting: Perspectives on Compassion: An Essential Practice in Chaplaincy

The Plenary speakers and their presentations are:

• Deborah B. Marin, M.D., Blumenthal Professor of Psychiatry Director, Center for Spirituality and Health The Icahn School of Medicine at Mount Sinai: What Does Multidisciplinary Compassionate Care Look Like?
• The Rev. Kathie Bender Schwich, M.Div, FACHE, Senior Vice President, Mission and Spiritual Care, Advocate Health Care: A Compassionate Practice: Toward a Patient Orientated and Clinically Relevant Evidence Based Approach
• Shane Sinclair, Ph.D. Assistant Professor, Cancer Care Research Professorship, Faculty of Nursing, University of Calgary Presenting: What Do Patients Say Compassionate Care Looks Like?
• Jason A. Wolf, Ph.D., CPXP President, The Beryl Institute: Role of Spiritual Care in Patient Experience

Among the 30+ workshops and poster sessions will be specialized tracks for nurses, social workers, and chaplains. Also, nurses and social workers will have the opportunity to earn a Certificate as a Spiritual Care Generalist. There’s also a special pre-conference session with the Gundersen Lutheran Respecting Choices® First Steps Advance Care Planning Facilitator Training.

This brochure will provide you with complete detail. I hope that you come and I look forward to seeing you at the President’s Reception on the evening of March 13.

The Rev. Eric J. Hall, MDiv, MA
President and Chief Executive Officer
HealthCare Chaplaincy Network
YOUR CONFERENCE AT A GLANCE

INTERDISCIPLINARY ATTENDEES
Social Workers, Nurses, Physicians, Chaplains

CEU CREDITS

1 KEYNOTE/4 PLENARIES

EXHIBITORS

NETWORKING

30+ WORKSHOPS/POSTER SESSIONS

50 STATES / 14 COUNTRIES

PRESIDENT’S RECEPTION WITH CULINARY SURPRISE

1 KEYNOTE/4 PLENARIES

AWARD CEREMONY

CHAPLAIN RENEWAL OF COMMITMENT CEREMONY

NETWORKING

CHAPEL & PRAYER SERVICES

ADVOCACY DAY
What You’ll Learn

Participants attending the third annual “Caring for the Human Spirit® Conference: Integrating Spiritual Care in Health Care” will have the opportunity to:

• **Learn** the latest research on what constitutes compassionate care and ways to build a compassionate care system.

• **Gain** new insight into interdisciplinary care and how to put it into practice.

• **Advance** their understanding of best practices for effective interdisciplinary teams.

• **Learn** about the roles of nurses, social workers, psychologists, ethicists and others in providing spiritual care.

• **Learn** the latest strategies for participating in medical decision-making including advance care planning.

• **Acquire** practical tools for advancing spiritual care integration through strategic planning and use of quality metrics.

• **Hear** about innovative possibilities for accessing and using a simulated patient program for spiritual care.

• **Discuss** understanding of innovative interventions for spiritual care including meaning centered therapy and use of music.

• **Explore** best practices for spiritual care in diverse settings including long term care, assisted living and pediatrics.
In Person or Via Webcast

**CONFERENCE REGISTRATION**
Register online at [www.healthcarechaplaincy.org/conference](http://www.healthcarechaplaincy.org/conference)
Payment options: credit card, check or invoice

“Early Bird” rate through February 18, 2017
$380 (Chaplains); $480 (Non-Chaplains);

Rate after February 18, 2017:
$450 (Chaplains); $550 (Non-Chaplains);

One-Day-Rate:
$200/day (Chaplains); $250/day (Non-Chaplains);

Group Discounts available, see our website for more details.

What’s Included:
Full participation at all sessions, breakfast for 3 days, lunch for 2 days, President’s reception, conference app, poster session and post-conference materials

**Virtual Conference/Webcast Fee**
$800 per site
The real-time broadcast will include keynote and plenary presentations and select workshops. The broadcast is available in English.

The Webcast provides an excellent opportunity to engage entire staff or multiple members of an organization who might not otherwise be able to attend and facilitates the sharing and dissemination of knowledge while minimizing cost and travel time.

*Does not apply to tracks and certification program.

**HOTEL INFORMATION**
The Sheraton Grand Chicago is Chicago’s premier downtown riverfront hotel, just off Michigan Avenue, and within a short walk of Navy Pier, Millennium Park, shopping and entertainment.

Hotel Room: $199, must reserve by February 18, 2017 to receive our discounted rate. Reservation can be made via our conference website.
[www.healthcarechaplaincy.org/conference](http://www.healthcarechaplaincy.org/conference)

**REGISTRATION QUESTIONS:**
Contact: Esmeralda Cordero • events@healthcarechaplaincy.org • (212) 644-1111, ext. 150
Join Chaplains from Many Countries for the Ceremony of Renewal of Commitment to Spiritual Care

At the Conference Network with Chaplains from all over the world!

For Chaplains Content Includes:
- A Transdisciplinary Approach to Chronic Pain: A Clinical Psychologist and a Chaplain Work Together
- Developing a Volunteer Chaplaincy Program in a Rural Health Care Organization
- To Expand You Must Plan: Developing a Strategic Plan to Grow Your Chaplaincy Department
- The Chaplain Family Project: A Spiritual Care Intervention for the Family Members of Critically Ill Patients
  ... and more

Invite your colleagues for this interdisciplinary conference on spiritual care:

For Nurses, Social Workers and Other Health Care Professionals Content includes:
- Nurse-Provided Spiritual Care: Practices and Perspectives
- Intentional Care of the Spirit: The Practice of Faith Community Nursing
- An Introduction to the Comprehensive Psycho-Spiritual Clinical Interview
- The G Word: Exploring the Clinical Relevance of Religion and Spirituality in Oncology Social Work Practice
- Teaching Compassionate Communication to Health Care Professionals
- Providing Spiritual Care According to Disease Process
  ... and more

CHAPEL AVAILABLE
- Christian Prayer
- Catholic Mass
- Jewish Service
- Muslim Gathering
- Meditation

Come Pray With Us

Learn and Relax
Free Chair Massage
SPECIAL PRE-CONFERENCE

Session: Sunday, March 12 / Seats Are Limited

Gundersen Lutheran Respecting Choices® First Steps Advance Care Planning Facilitator Training

Internationally recognized, evidence-based model that creates a culture of person-centered care

- Learn the skills to facilitate foundational Advance Care Planning discussions with any adult
- Allows any member of the interdisciplinary health care team to engage earlier in the patient care process
- One-day/8-hour onsite training
- Instructor: Jim Kraft, Director of Advance Care Planning and Collaborative Services, Henry Ford Health System
- Cost of $375 includes online courses to be completed in advance and on-site at the Caring for the Human Spirit Conference in Chicago

REGISTER NOW!

For Supporters/Exhibitors

PROMOTE YOUR BRAND AT THIS ‘GO-TO’ CONFERENCE

DIVERSE SUPPORTER/EXHIBITOR OPPORTUNITIES AVAILABLE

- Unique platform to showcase your services/products
- Exposure to targeted, engaged, multi-discipline health care professionals
- Exhibit space positioned in heavy-traffic areas
- No burdensome “extra” exhibit fees
- Customized packages available for your specific goals

“ It’s a one-of-a-kind conference. I got to have a lot of great one-on-one conversations with people from all over the world. It was wonderful. ”

- Rebecca Gyllenhaal, Jessica Kingsley Publishers—2016 Exhibitor

We are committed to ensuring a welcoming and productive experience!

For supporter/exhibitor opportunities, www.healthcarechaplaincy.org/conference

Contact: Carol Steinberg
csteinberg@healthcarechaplaincy.org
212-644-1111, ext. 121

Become a Valuable Resource in Promoting Advance Directives in Your Institution!

This support helps us make a difference in people’s lives.
Your Source for SPIRITUAL CARE RESOURCES
For Hospitals, Outpatient Clinics, Hospice, Long-Term Care Residences, and Other Health Care Institutions

Extend the reach of professional chaplaincy to inpatients and outpatients to improve patient experience

TV
HCCN
The spiritual care network
Ten programs rich in educational and inspirational content

Palliative Connect
The Interactive Program for Palliative Care
An interactive online telehealth program to aid patients and families in the palliative care journey

Excellence in Spiritual Care
A prestigious recognition to show your commitment to best practices

Spiritual Care websites
ChaplainsOnHand.org and CantBelieveIHaveCancer.org
ChaplainCareForVeterans.org

Spiritual Care Connect
The Interactive Program for Spiritual Health
An online telehealth program to engage patients and their family caregivers in spiritual health

On-Call Chaplaincy
Expand care to outpatients, staff, and overnight patients by phone, email or video call

To learn more, contact:
Amy Strano
212.644.1111 ext. 219
astrano@healthcarechaplaincy.org

www.healthcarechaplaincy.org/clinical-services.html
A Global Leader in Spiritual Care Education, Research and Resources
AGENDA

Early Conference Check-In - Sunday, March 12, 2017
3:00-5:00PM  Check-In and Registration

Monday, March 13, 2017
7:30-8:30 AM  Registration & Continental Breakfast
8:30-9:00 AM  Welcome + Opening Reflection
9:00-10:30 AM  Keynote
10:30-11:00 AM  Break
11:00 AM – 12:30 PM  Plenary One
12:30-2:00 PM  Lunch | Formal Poster Session Part 1 (1:30-2:00 PM)
2:00-3:30 PM  Workshops A Series
3:30-4:00 PM  Break
4:00-5:30 PM  Workshops B Series
5:30-6:30 PM  President's Reception

Tuesday, March 14, 2017
7:30-8:30 AM  Breakfast
8:30-8:50 AM  Welcome | Pioneer Award/Medal Presentation
8:50-9:00 AM  Renewal Ceremony with Free Live Broadcast
9:00-10:30 AM  Plenary Session Two
10:30-11:00 AM  Break
11:00-12:30 AM  Plenary Session Three
12:30-2:00 PM  Lunch | Formal Poster Session Part 2 (1:30-2:00 PM)
2:00-3:30 PM  Workshops C Series
3:30-4:00 PM  Break
4:00-5:30 PM  Workshops D Series

Wednesday, March 15, 2017
8:00-9:00 AM  Breakfast
9:00-10:30 AM  Workshop E Series
10:30-10:50 AM  Break
10:50 AM -12:20 PM  Plenary Four
12:20-12:50 PM  Closing Ceremony
12:50PM  Enjoy Chicago

Optional Activities
Chapel Open Daily 7:00AM-6:00PM
Prayer & Meditation Services Tuesday & Wednesday at 7:30 AM
Meditation, Jewish Prayer, Muslim Prayer, Christian Worship, and Catholic Mass

Note: Agenda times are subject to change.
Caring for the Human Spirit Conference

Workshop Catalog

Workshops are designed for all audiences. Please select a workshop from each alphabet series.

A Series | Monday | 2:00-3:00 pm
B Series | Monday | 4:00-5:30 pm
C Series | Tuesday | 2:00-3:30 pm
D Series | Tuesday | 4:00-5:30 pm
E Series | Wednesday | 9:00-10:30 am
A1

**Exiles in America; An Odyssey of Trauma, Recovery, and Wholeness**

1. Develop a spiritual modality of healing for individuals who have experienced trauma
2. Explore the link between developmental and psychological theories and the biblical narrative of the Hebrew exile
3. Broaden one’s understanding of spirituality and how it can be effective in fostering healing of in marginal or non-churched individuals

Although great strides are being made to incorporate spirituality into the healing process for those who have experienced trauma there is a continued reluctance within the military and our society as a whole to aggressively engage the moral woundedness of warriors from a spiritual dimension. This vital link in healing our wounded souls in the midst of trauma deserves a venue that is both inclusive and meaningful. An original workshop drawing on developmental, behavioral, and spiritual paradigms offers one venue of addressing the moral and spiritual concussion of the soul.

A2

**Achieving Spirituality Quality Metrics**

1. To provide each attendee simple steps to achieve evidenced based spirituality quality metrics
2. To provide criteria analytics on how teams can pick short and long term projects and ensure success and sustainability
3. Learn how to change the pattern of project failure due to the lack of sustainability pattern and be successful

This workshops objective is to provide each attendee simple steps to achieve evidenced based spirituality quality metrics along with education on how to document metrics in the EMR pastoral care module. The Issue: Lack of consistency in quality metrics due to project failures and EMR documentation experience.

Attendees will have the opportunity to learn strategies on ways to bring practical awareness to the each newly released 18 evidence –based quality indicators within a health network. Criteria analytics will be provided on how teams can pick short and long term projects and ensure success and sustainability. There will be discussion on productive ways to map projects simply and easily. Owning sustainability is place that most projects never see. Learn how to change this pattern and be successful. A pastoral care module analysis of the major electronic record systems will be provided with tips on documentation.
**WORKSHOPS**

**Spirituality and Ethics: A Most Valuable Partnership in Advancing Healthcare**

1. Understanding the role of Spiritual Care in addressing Bioethical issues
2. Assessing the impact of Spiritual Care in resolving ethical conflicts
3. Managing emotions when personal values conflict with ethical choices and patient outcomes

As healthcare continues to strive for excellence in patient care experiences and outcomes through advancing technology and accessibility, the partnership of clinical Spiritual Care with Bioethics becomes even more valuable and even foundational especially in terms of justice, beneficence and advocacy for the human spirit. In this workshop we will demonstrate the value of the relationship between Spiritual Care and Ethics through a case analysis: highlighting the assessment criteria and interventions used to create a complementary plan of care the patient and family.

**A3**

Participants in the workshop will also discuss their own values/ beliefs and how these inform or ‘show up’ in their working with patients and families. For example what values are stirred when confronting a patient with a terminal illness, Physician Aid in Dying, transitioning patients to comfort care in the hospital setting and cultural diversity and ritual that may be vastly different from your own. We will also discuss the differences between the role of Chaplain and Bioethicist, scope of practice for both in communicating with the medical team and process for follow up. Knowing how to work as an interdisciplinary team with Ethics upholds and strengthens the overall patient experience as well as staff satisfaction and empowerment.

**The Role of the Chaplain in Medical Decision Making**

1. Understand the concept of patient centered care and current models of shared decision making as well as the current state of research in this area
2. Draw upon preliminary research results to identify how chaplains perceive themselves to contribute to medical decision making with patients and families facing serious or life-limiting illness
3. Explore models for shared decision making that account for the unique role of chaplains in promoting patient centered care

This workshop presents preliminary results of a mixed method study whose sole focus was to explore the extent to which and how chaplains are involved in medical decision making with adult patients (and their families) with a serious or life-limiting illness. Data was gathered through a national survey of board certified chaplains and a qualitative analysis of in-depth interviews with a representative sample of these experienced chaplains. A new model for shared decision making and for understanding the role of the chaplain is suggested from these findings. This study confirms a need for case studies in this area to promote best practices for professional chaplaincy as well as future research to solicit the perspective of patients and families and other members of the health care team.

**A4**

Valeri Briggs, M.Div., BCC
Felicia Cohn, Ph.D.

M. Jeanne Wirpsa, M.A., BCC
Rebecca Johnson, Ph.D, MSc
Intentional Care of the Spirit: The Practice of Faith Community Nursing
(Nurse Track)

1. Describe historical foundations of the current specialty practice of faith community nursing
2. Define aspects of intentional care of the spirit
3. Discuss opportunities for partnering between chaplains, faith community nurses, and other healthcare providers

Participants in this interactive presentation which includes a short DVD, group discussion and activities, will discover many aspects of faith community nursing that focus on intentional care of the spirit in partnership with chaplains and other healthcare providers. The presenter has a Doctorate of Ministry in Global Health and Wholeness and is an expert in faith community nursing health ministry. She is a spiritual director and creates spiritual care journals for personal and professional growth.

The G Word: Exploring the Clinical Relevance of Religion and Spirituality in Oncology
(Social Worker Track)

1. Conduct spiritual screening and discuss patient concerns involving the spiritual domain, including spiritual wellbeing.
2. Recognize the impact of various religious and/or spiritual belief systems on the illness experience and treatment decision-making.
3. Identify various forms of religious and/or spiritual practice that can be used to enhance clinical social work.

Spirituality is at the core of the human experience, yet social workers often avoid discussing it with patients in the medical setting. Their reluctance may lie in the lack of training about how to speak with patients about spiritual matters and/or how they manage their own personal beliefs or biases (Lemmer, 2010). With further education, all of the members of the interdisciplinary team are encouraged to become spirituality “generalists,” while chaplains remain the “specialists” in this essential aspect of wholistic patient care. Clinical social workers can engage in spiritual screening and discussion with patients, just as they might discuss other sensitive topics (Pulchalski & Romer, 2000). With this training, they can help develop this vital enhancement of a patient-centered approach to cancer treatment, and increase collaborative opportunities with their colleagues in pastoral care/chaplaincy.

In this presentation, the distinction between religion and spirituality, as well as a broadened understanding of spirituality, will be explored (Stewart, 2014). The impact of different belief systems and practices on the individual’s experience of serious illness (Woods & Ironson, 1999; Stewart, 2014) will be highlighted through case examples in an effort to access patients’ strengths and potential challenges to participation medical treatment.
**WORKSHOPS**

**Partnering With the Hospital to Reduce Readmission Rates Through Chaplaincy-Based ACP Using The Conversation Project Model**

1. Identify strategies to intervene with patients at high risk of re-admission and create pathways to effective Advanced Care Planning including the designation of an MDPOA and integration of documents.
2. Employ the IHI-created tool (The Starter Kit) for engaging families in ACP conversations.
3. Partner with case management and other stakeholders to follow up with discharged patients regarding ACP through the use of trained volunteers.

In an increasingly complex regulatory environment, Spiritual Care departments can and should step up to partner with hospitals in helping to reduce not only patient/family suffering but re-admission and ICU utilization rates that effect a bottom line.

Research shows that strategic Advanced Care Planning can in fact help reduce readmission rates, increase use of palliative care and hospice, and reduce patient and family suffering. This presentation will explore specific strategies (now being tested through The Conversation Project in Boulder) to use the tool developed by the Institute for Healthcare Improvement (The Conversation Starter Kit) to develop workflow and processes specific to patients at high risk for re-admission. The end goal is also to empower Chaplains to become strategic partners and true collaborators in effecting necessary change.

**Developing a Volunteer Chaplaincy Program in a Rural Healthcare Organization**

1. Participants will understand the design process for a volunteer chaplaincy program
2. Participants will design a Volunteer chaplaincy assessment
3. Participants will evaluate training strategies

The need for rural healthcare chaplains is growing significantly as the aging population surrounding rural healthcare organizations continues to advance. However, rural healthcare organizations may not think they have the resources to meet the growing need for spiritual care services of their patients, families and colleagues. A full time board certified chaplain, while optimal, may not always be fiscally possible in today’s healthcare environment. This presentation will assist rural healthcare organization and chaplains develop and maintain volunteer chaplaincy programs to provide for these needs.

The focus will be on:
- Program assessment - Building an assessment tool to uncover local resources
- Design – What are best practice program designs for a volunteer chaplaincy program
- Training – How do you select and develop training materials for your group
- Support – what can you do to assist your volunteers to grow and the program to expand
### Telechaplaincy at Clinical Sites and in the General Public: Expanding the Reach of Patient-Centered Care

1. Review vision, mission, and scope of practice for HCCN’s telechaplaincy care services at clinical sites and through public portals, respectively
2. Distinguish types of spiritual distress and interventions common in these settings inclusive of cultural considerations and co-presenting conditions
3. Identify partnership opportunities in patient-centered care including palliative and hospice as well as in outpatient acute, crisis, and community care, respectively

This workshop builds on the Telechaplaincy Best Practices presentation at last year’s conference. These were developed for HCCN’s telehealth chaplaincy care services by phone, email and video. We now present case studies to explore similarities and differences at clinical sites and through public portals in terms of types of spiritual distress (NCCN-based diagnoses) encountered and in the efficacy of interventions as well as in partnership opportunities for patient-centered care.

The workshop will demonstrate how we integrate expressive arts therapies and cognitive behavioral methods and why these are well suited to telechaplaincy care. We explore transdisciplinary partnership in various settings inclusive of palliative care, hospice, home health, and outpatient acute care as well in community at large. We also discuss specialization and cultural competencies needed to integrate care with co-presenting conditions inclusive of trauma history, substance use disorder, and/or mental illness.

### Promoting Spiritual Care as a Payer: Establishing a New Best Practice in Palliative Medicine

1. Present case study of establishing reimbursement for spiritual care as a payer
2. Discuss approaches for holding best practices conversations with payers
3. Review interfaith cultural impacts on patient quality of life and cost stewardship

In 2014, Regence created its ground-breaking palliative care program, reimbursing spiritual care providers under its home health psycho-social benefit; this presentation will talk about the factors leading to the creation of that benefit, establishing spiritual care as a best practice in our work with CAPC and other payers, reviewing the wins and challenges around the promotion of these services, reviewing ways to talk to payers about best practices and reimbursement, sharing learnings around cultural humility and interfaith respect.
**From this Life to the Next and the Next One After That: Diversity in Death and Dying (Nurses & Social Workers Track)**

1. A clearer picture of who we are: How many different cultures are hidding in plain view?
2. Embracing the other in each of us: The benefits of self-assessment on how diverse cultures impact your professionalism, values and behaviors as chaplains and care givers
3. Participate and observe a role play with cultural challenges and practice what the worship teaches

This presentation will address and discuss different perspectives and cultural complexities around death and dying. It also explores ways to facilitate caregiving spaces that invite and accommodate diverse needs when love ones transition from life to death. As a case study we will look at the diversity of cultures that exist within the pediatric hospital that I serve and identify the many issues that have surrounded times of death or dying and how our Chaplaincy service was or could have been more supportive. We will also look at how working with diverse cultural needs directly impact your professionalism, personal values and demonstrated behaviors when providing care in the role of healthcare chaplain.

I will provide content from recent evidence based articles from professional journals to support the case that diverse needs exist and patient satisfaction improves when those needs are acknowledged and addressed. I will also share data acquired from the Center of Culture and Diversity at Barnes Jewish Hospital in St. Louis that give insight to the demographics of the patient population at St. Louis Children’s hospital in our case study. I will also present a video of a news story that provides a great illustration of how culture, religion and historical experiences directly impact patient and family choices around end of life care.

**Meaning Centered Psychotherapy for Cancer Caregivers Workshop (Social Worker Track)**

1. Describe Caregiver quality of life and unmet needs
2. Understand the existential issues facing cancer survivors
3. Express knowledge of ACS resources for cancer caregivers, including targeted interventions such as MCP-C, in helping to reduce caregiver burden.

This workshop will provide an overview of MCP-C and share information from the study, including how cancer caregivers find meaning in their caregiving experience, potential areas of growth, including an understanding of the context which shapes the experience of providing care, and the need for self-care and reconnecting to valued sources of meaning. Resources to assist caregivers in care provision will also be presented.

The American Cancer Society, in partnership with Memorial Sloan Kettering Cancer Center, have tested delivering Meaning-Centered Psychotherapy for Cancer Caregivers (MCP-C) via the Internet. MCP is a structured psychotherapeutic intervention originally developed by researchers at MSKCC to target existential distress and spiritual well-being among patients with advanced cancer.
### A Transdisciplinary Approach to Chronic Pain -- A Clinical Psychologist and a Chaplain Work Together

**PRESENTER(S)**

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<th>Series Code</th>
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<tr>
<td>C2</td>
<td>A Transdisciplinary Approach to Chronic Pain -- A Clinical Psychologist and a Chaplain Work Together</td>
<td>Linda Golding, M.A., BCC Nomita Sonty, M.Phil, Ph.D.</td>
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1. Identify strands of spiritual and psychological aspects of chronic pain
2. Learn and practice a transdisciplinary methodology for support and healing.
3. Create a path to develop a relevant project with a colleague from another discipline.

Individuals with chronic pain express their pain as life-limiting and researchers have identified spirituality as an active coping process that can affect various health outcomes. In spite of these findings, spirituality has not been included as an active treatment component within psychotherapy groups for chronic pain patients. The loss experienced by these patients often results in an existential crisis and a disintegration of their sense of self.

**C1**

In response, our treatment team raised the following questions:

1) How can accessing spirituality be a life-enhancing resource for individuals suffering from chronic pain?
2) How does spirituality support these individuals as they dare to hope?
3) Can spirituality empower patients to make the necessary and successful adaptation to living with pain?

For this project, we define spirituality as that which assists an individual to live their fullest experience of life. The goal is to reconcile the losses resulting from chronic pain and to increase the awareness of the self within this context.

### Strengthening the Work of Chaplaincy through Advance Care Planning

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<tr>
<td>C2</td>
<td>Strengthening the Work of Chaplaincy through Advance Care Planning</td>
<td>James A. Kraft, MTh</td>
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1. Educate Chaplains as to what Advance Care Planning is and is not
2. Instruct Chaplains how to harmonize Chaplaincy with Advance Care Planning
3. Describe the following three elements of a successful advance care planning program:
   - Develop organization and community systems and practices
   - Working with Faith Based Community Partners
   - How Chaplains can help generate revenue through Advance Care Planning

Medical personnel are often myopically focused on the physical aspects of the patient and quite often do not take into account the patients goals of care, quality of life, and the patients perspectives on issues such as death and dying, life after death, healing, suffering and hope from a faith perspective. As such, there is a greater chance for patient/provider “disconnect”. Patients may come across as difficult or in denial all because the provider does not know and or appreciate the patient’s faith perspective. Patients and families are often unrealistic or ignorant to their true medical condition and likely prognosis. Many would likely make different choices for care if they had time in advance to consider future medical needs in light of their goals of care, faith and values.

The content to be presented will be the value of the Chaplain to the medical team and patients/families when they take on the role of Advance Care Planning Facilitator. The presenter will offer a picture of how Chaplains can better integrate into the care team not only in situations where patients are at end-of-life, but also when patients are earlier on in the disease process. This workshop will include Q&A and role playing.
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<th>WORKSHOPS</th>
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<td><strong>The Chaplain Family Project: A spiritual care intervention for the Family Members of Critically Ill Patients</strong></td>
<td>Alexia M. Torke, M.D., M.S.</td>
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<td>1. Discuss the spiritual and religious experiences of family surrogates facing critical illness in the hospital</td>
<td>Saneta Maiko, Ph.D.</td>
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<tr>
<td>2. Describe the Chaplain Family Project framework for spiritual assessment, intervention and documentation</td>
<td>Emily S. Burke, B.A.</td>
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<td>3. Understand the methodologic issues important in the design of a chaplain delivered intervention for family members</td>
<td>Beth Newton Watson, M.Div.</td>
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In the Intensive Care Unit (ICU), many family members experience psychological and spiritual distress as they cope with fear, grief, and life and death decisions for another. High quality spiritual care has the potential to reduce distress, improve decision making and improve family surrogates’ outcomes.

C3

In this workshop, we will describe findings from the literature regarding spirituality and religion in the experiences of surrogates. We will describe the reproducible, semi-structured chaplain intervention we have developed to provide proactive contact, spiritual assessment, interventions and documentation for surrogates and will review the methodology and outcomes of our pilot project with 25 patient/surrogate dyads that demonstrated acceptability and feasibility. Participants will be invited to small group reflection and discussions about the spiritual needs of family members in the hospital setting and lessons from research that can inform chaplain practice.

<table>
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<th>Developing a Taxonomy for Pediatric Chaplaincy Building on the Advocate Healthcare Model</th>
<th>Paul Nash, M.A., M.A.</th>
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<tr>
<td>1. To explain the methodology adopted to adapt the Advocate Healthcare Taxonomy for a UK pediatric hospital</td>
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<td>2. To present key themes which emerged from an analysis of 80 completed taxonomy forms by a multi-faith team</td>
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<td>3. To identify issues involved in the use of the taxonomy in a pediatric hospital and make recommendations for future use</td>
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This workshop aims to explore the development of a taxonomy for pediatric chaplaincy and the implications for more bespoke recording of pediatric patient and family visiting data and charting, its contribution to chaplaincy key performance indicators and training. It is based on the results of a registered audit of the work of Birmingham (UK) Children’s Hospital Chaplaincy Team.

C4

Researchers at the Centre for Pediatric Spiritual Care adapted (with permission) the taxonomy developed by Massey et al (2015). The taxonomy was given to the chaplaincy team who used it to report interactions with patients and families over a three-month period. 80 responses were received from 12 chaplaincy team members (8 Christian, 3 Muslim, 1 Sikh) covering interactions with 65 patients. Data from both the taxonomy and the accompanying audit form was analyzed by a multidisciplinary team of four and further work undertaken on refining the taxonomy in the light of this. The differences between the original taxonomy and this revised version will be discussed. Themes from the data analysis to be discussed include initiating/building, enhancing, engaging and mitigating/process as identifying what chaplains hoped to achieve. Themes in relation to choosing a method included demonstrating and offering, empowering and enabling, exploring and processing, engendering and encouraging, family can community. Identified benefits of the taxonomy included identifying needs, enabling reflection, providing focus and structure, preparing for transitions, planning future interventions. The contribution of a taxonomy for pediatric chaplaincy to enhance multidisciplinary spiritual care language, communication and understanding will be discussed.
Teaching Compassionate Communication to Health Care Professionals  
* (Nurse & Social Workers Track)  

1. Identify five specific levels of communication and how they are a part of healthcare communication  
2. Describe the listening process and how the use of perceptual positions can increase the quality of a clinical encounter  
3. Demonstrate increased knowledge of specific practices that make communication compassionate and how to teach those practices to clinicians.

Communication takes place whether we say anything or not. It can be a smile, a touch, or simply a knock on the door that says ‘I am here.’ Providing compassionate care and communicating in an effective manner is an on-going need for all organizations that provide front-line patient care. However, good clinical skills and good communication skills may not go hand in hand, and for many organizations, communication and sensitivity are the top generators of consumer concerns. Why? Because clinicians may not have been taught specific skills that allow them to go from the ‘chart’ to the ‘heart’ in their encounters with patients and families.

This session will explore various levels of communication, good and not so good listening, the importance of seeing through the eyes of others, and how to make verbal and non-verbal communication compassionate. It will also provide most of the content of the compassionate communication course developed by Hospice & Palliative Care Charlotte Region, one of the larger end of life care providers in the country, which is a mandatory part of the organization’s orientation process for all new employees.

Providing for the Needs of Muslim Patient, Family and Community on Palliative Care  
*Al-Hajji Imam Yusuf H. Hasan*  

1. Understand what the leading Islamic authorities, including the Holy Qur’an and Prophet Muhammad (PBUH) say about illness and how to deal with it  
2. Use basic language skills and knowledge of the Muslim religious and spiritual rituals that will be helpful in communicating with Muslim patients, family and community  
3. Describe how to differentiate between religious, cultural and spiritual concerns of the Muslim patient, family and community

Muslims are one of the fasting growing populations in U.S. health care system. They bring a mixture of spiritual, religious and cultural concerns to the healthcare institutions, yet many health care staff, including chaplains are unfamiliar and ill equipped to meet the needs of this diverse population, this workshop will provide broad, high-quality information that will enable the medical staff and other caregivers, especially the chaplain, to engage Muslim patients, families and community around healthcare issues, including but not limited to participating in clinical decision making such as palliative care treatment, DNR orders, hospice care and end-of-life support.

The workshop will address what Islam says about health care-related issues and how the health care team including the chaplain can address this group’s needs and concerns.
### To Expand You Must Plan: Developing a Strategic Plan to Grow Your Chaplaincy Department

1. To understand what a strategic plan is and the process of creating one
2. To outline the strategic planning process of The Ohio State University Wexner Medical Center’s Chaplaincy Department
3. To apply elements of The Ohio State University Wexner Medical Center’s Chaplaincy Department strategic plan in their own health care setting

For the chaplaincy department seeking growth opportunities in the forms of new programming, educational expansion, increased staffing, additional resources, engagement in best practices models of care and administrative support at the highest levels, the development of a strategic plan can be invaluable. A strategic plan can assist chaplains as strategic partners in having the ability to articulate departmental strengths to be leveraged, weaknesses, opportunities for growth and potential threats, each of which must be acknowledged and addressed in order for departmental growth and expansion to occur.

This workshop will trace the origins, development and implementation of a recent strategic plan process undergone by The Department of Chaplaincy and Clinical Pastoral Education at The Ohio State University Wexner Medical Center.

### Providing Spiritual Care According to Disease Process

1. Learners will gain insight through research findings that there is no cookie-cutter spiritual care model
2. Learners will explore typical disease processes and from research gain insight how best to provide spiritual support for these patients
3. Learners will be able to replicate this approach in their own places of service

Providing Spiritual Care According to Disease Process is an attempt to bring awareness that spiritual care is multi-dimensional endeavor. Gone are the days of cookie cutter spiritual support. Through research, insight is clearly available to all Chaplains to provide the utmost in spiritual support to patients suffering from their disease process.
## THRIVING FROM WITHIN®: A Logotherapeutic Model for Integrating Spiritual Care in Healthcare *(Nurses & Social Workers Track)*

1. Participants will understand THRIVING FROM WITHIN® as a meaning-centered model which provides a framework for integrating spirituality in both patient care as well as care for healthcare professionals.
2. Participants will examine their own response to crisis, change and suffering when viewed through the logotherapeutic lens of meaning and purpose.
3. Participants will be able to articulate the importance of parallel process in integrating spiritual care in healthcare.

THRIVING FROM WITHIN® is a meaning-centered model which provides a framework for integrating spirituality in both patient care and care for healthcare professionals. Grounded in Logotherapy and relying heavily on parallel process, THRIVING FROM WITHIN® offers participants a personal experience in which they view the journey of everyday life as a spiritual process, one in which caring for the human spirit is essential. This experience lays the groundwork for a cultural shift in both practitioner and patient care.

Presenters will introduce THRIVING FROM WITHIN® and its applications to integrating Spiritual Care in Healthcare. Employing worksheets to guide discussion, participants will have the opportunity to examine their own response to crisis, change and suffering when viewed through the lens of meaning and purpose. Conversation will include parallel process and the idea that you cannot give to your patients what you have not received yourself.

## Self Compassion and Moral Injury *(Nurses & Social Workers Track)*

1. Review the literature on self compassion.
2. Discuss how self compassion addresses moral dilemma(s).
3. Learn contemplative practices which support self compassion.

In this session, we will describe domains of self compassion, and explore how these principles may address stress response and moral injury within health care professions. We will explore how contemplative exercises may help professionals to identify work with stress, moral injury, and compassion fatigue.

The profession of improving the health and well being of others by its nature is person-intensive – and demands an interpersonal and human connection to those being cared for, as well as extensive professional knowledge. Those who choose to work in healthcare are often inspired by wanting to help others, and have trained extensively in many medical modalities and procedures that serve to lessen the suffering that patients and their families often experience.

Many health care professionals are candidates for compassion fatigue, which has increasingly been documented over the past decades. (Sabo, 2011) Compassion fatigue has been recognized as a stress response that may stem from caring for others without expected rewards, results, and often closure. Compassion fatigue and stress response often result in a diminished capacity for empathy and interpersonal engagement. Constraints on resources and financing have created an environment which may increase compassion fatigue and stress response, as well as challenge one's initial motivation to care for others.

A response to this situation has been an increased use of contemplative practices by health professionals, such as Mindfulness Based Stress Reduction and compassion training. (Raab, 2014)
### The Use of Simulation to Instruct Nursing Students and Nurses on Understanding the Spiritual Practices of our Diverse Patients and Providing Them with Skills and Practice in Providing Spiritual Care (Nurse Track)

1. Understand the concepts of culture and diversity and how these impact patient and family spirituality.
2. Describe the concept of simulation-based education to teach spiritual care to nurses and nursing students.
3. Understand when high-fidelity simulation is useful and when objectives can be met by other activities.
4. Describe ways to prepare the learner prior to simulation activities and how to utilize simulation to integrate standards for providing spiritual care to diverse patients and the utilization of interdisciplinary care to meet patient needs.
5. Describe and demonstrate simulation debriefing strategies and demonstrate the ability to lead a debriefing session to effectively teach culturally appropriate spiritual care principles and competencies.

**Purpose:** To meet the complex needs of patients and in order to provide holistic nursing care, nursing students and nurses require education in the basic aspects of how to: 1. understand the unique spiritual care of our diverse patients, and 2. provide spiritual care to them.

Well-planned, intense simulation experiences have the potential to expose nursing students and nurses to authentic clinical cases, otherwise unavailable to them, building critical thinking and clinical judgement skills and better preparing them to provide spiritual care. This workshop will utilize an intense simulation curriculum using a combination of high-fidelity simulation experiences, standardized patient simulation, and interactive skills stations in teaching nursing students and nurses to provide spiritual care to diverse patients.

### An Introduction to the Comprehensive Psycho-Spiritual Clinical Interview (Social Worker Track)

1. To overview a comprehensive format for collecting psychological and spiritual information
2. To present a 3 factor model of spiritual motivations
3. To train attendees on how to spiritually evaluate clients

The presentation will present and describe the Comprehensive Psycho-Spiritual Clinical Interview (CPSCI) and its role in clinical/pastoral work. The CPSCI provides a systematic process for collecting spiritual information that has been empirically validated for clinical work.

### The Talk will also overview a 3 factor model of spiritual motivations based on the work of Paul Tillich that is appropriate for all people, regardless of faith orientation. The presenter has been conducting work in spiritual assessment for over 20 years and has developed several useful scale (e.g., ASPIRES, presented in 2016). A hands on demonstration on how to use the CPSI will be given which will encourage active audience participation
**Implementation of Spiritual Wellbeing Guideline Among Assisted Living Residents**

1. Describe spiritual wellbeing guideline for assisted living residents
2. Describe implications of the results for changing spiritual care in senior living effecting the future of it and chaplaincy
3. Explore outcomes from a corporate, senior living community, staff and resident wellbeing perspective

The use of the model and the Interprofessional Spiritual Wellbeing Guideline as an essential component for Senior Assisted Living will be discussed related to overall wellbeing of the residents, community culture, staff retention, and marketing.

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First the model and the evidence that were used to guide the development of the Interprofessional Spiritual Wellbeing Guideline will be presented. The components of the guideline will be described including administration of the FACIT-SP (Functional Assessment of Chronic Illness Therapy – Spiritual), use of the assessment interview as a therapeutic intervention, and development and implementation of an individualized plan based on the interview. Results of the assessments will be described and compared to other populations reported in the literature. As the FACIT-SP assessment is administered as an outcome measure the changes in scores following implementation of the plan of care will be shared.

**Simulation As a Component of Chaplain Training**

Objectives & Description to follow.
## Exploring Spiritual Challenges with Patients, Families and Interdisciplinary Teams (Social Worker Track)

1. Articulate rationale for all team members being aware of and having ability to screen, assess and address spiritual needs of patients at a basic level
2. Articulate increased comfort in one’s professional role in acknowledging and addressing spiritual concerns of patients/families.
3. Identify at least one spiritual screening and/or intervention that could be used by all team members
4. Identify collaborative strategies to engage one’s team members in addressing spiritual needs of patients/families

The focus of this workshop is to increase awareness of spirituality as an area for interdisciplinary team intervention, and to support skill-building in addressing spiritual issues in healthcare delivery through the presentation, analysis and discussion of clinical case examples. Case examples will focus on common spirituality-focused issues that often arise in healthcare settings including but not limited to differing beliefs between patients, family members and healthcare teams that may affect treatment choices and compliance, as well as patient and family histories involving regrets, forgiveness and reconciliation concerns.

The discussion will also address team members’ role overlap and the discomfort and challenge that sometimes arises when addressing spirituality issues, as well as team collaboration strategies. The presentation will be grounded in theoretical concepts of “Person-In-Environment,” Family Systems Theory and core ethical principles.

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## Lending an Ear, Changing a Life: The UIHC Debriefing Program

1. Participants will be able to define/describe impact of stress on workers in healthcare.
2. Participants will be able to discuss the principles and applications of Response, Resiliency Resources, (RRR) intervention and the outcomes of the project.
3. Participants will be able to understand the importance of building key relationships and identify allies with in their organization to partner with for research.

This workshop will educate participants about the debriefing team at the University of Iowa Hospital and Clinic, and research involving Spiritual Care Services at UIHC, the University of Iowa College of Public Health, and University of Queensland. A comparative effectiveness study of two early interventions (Response, Resiliency, Resources (RRR), and Critical Incident Stress Debriefing, CISD) to reduce stress among healthcare workers from UIHC involved in direct patient care is being conducted. RRR is a form of psychological first aid that was designed by Chaplain Jeremy Hudson after consultation with Drs. Kenardy (University of Queensland) and Ramirez (University of Iowa College of Public Health).
Nurse-Provided Spiritual Care: Practices and Perspectives (Nurse Track)

1. To describe how nurses learn and think about spiritual care
2. To identify what spiritual care therapeutics nurses provide
3. To appreciate how nurse spiritual care perspectives and practices can impact collaboration with chaplains and other health care providers

Nurses are not only the largest health care work force, but they are also the clinicians on the “front lines.” Although nurses are the most frequent profession to make chaplain referrals, they also pride themselves for offering patients holistic care that assesses and addresses spirituality. Whereas it may not be overt or frequent, many nurses do provide spiritual and religious support. Because nurses may have little training in how to address patients’ spiritual concerns and fail to understand appropriate professional boundaries related to spiritual care provision, it is important for chaplains to appreciate the perspectives and training of nurses with regard to spiritual care. Many nurses may effectively and ethically provide spiritual support, but it is also possible that some nurse attempts to provide spiritual care may cause patients distress.

The purpose of this workshop will be to introduce chaplains and other non-nurse health care providers to the perspectives and practices of nurses with regard to spiritual care. The workshop will address the following questions:

• How do nurses conceptualize spirituality and religion?
• How do nursing students learn about spiritual care?
• What spiritual care therapeutics do nurses provide?
• What are nurse opinions and perspectives about the provision of spiritual care?
• Is there evidence that nurses’ personal religiosity is associated with how they provide spiritual care?